Partnering to Address Substance Use Disorders in the Child Welfare Caseload

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California Child Welfare Council
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Sacramento, CA

National Center on Substance Abuse and Child Welfare

Bringing Systems Together for Family Recovery, Safety, and Stability

An Initiative Funded by the

Substance Abuse and Mental Health Services Administration (SAMHSA)

and the

Administration for Children, Youth and Families (ACYF), Children's Bureau

www.ncsacw.samhsa.gov

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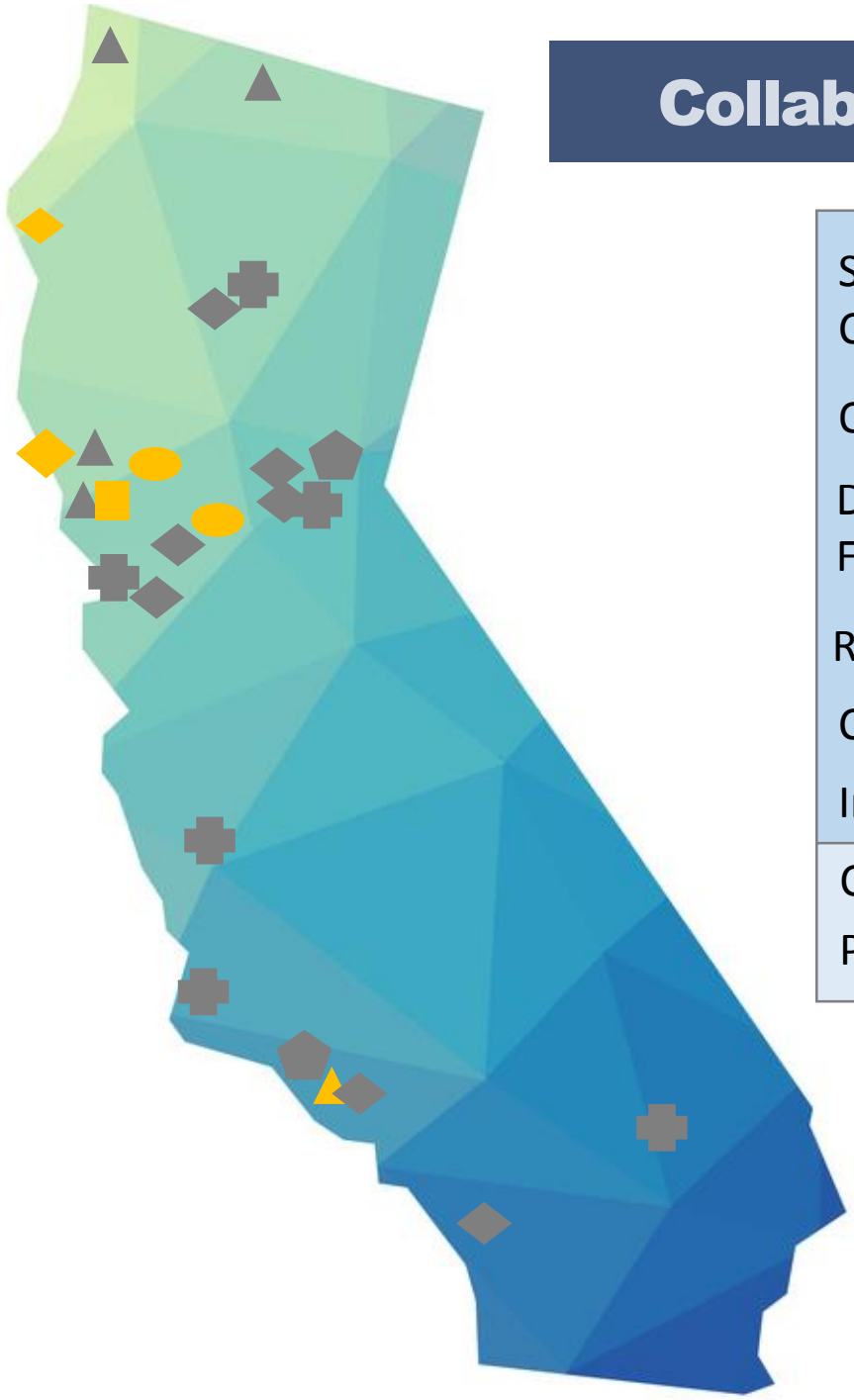
Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Children's Bureau

Collaborative Initiatives in California



SAMHSA Family Treatment Drug Court Performance Management

OJJDP Family Drug Court

Doris Duke Prevention and Family Recovery

Regional Partnership Grant

Children Affected by Methamphetamine

In Depth Technical Assistance

Current Initiatives

Previous Initiatives

http://www.cffutures.com/projects/family-drug-courts-tta
http://www.cffutures.com/pfr
https://www.ncsacw.samhsa.gov/technical/rpg-i.aspx
https://www.ncsacw.samhsa.gov/technical/cam.aspx
https://www.ncsacw.samhsa.gov/technical/idta.aspx

Topics

I. Data and Trends: National and California
   - Prenatal Exposure
   - Marijuana
   - Opioids

I. Re-thinking Substance Use Disorders, Treatment and Recovery

II. What Works for Families Affected by Substance Use Disorders

III. Where do we Go From Here
   - CAPTA
   - Drug Medi-Cal Organized Delivery System Waiver

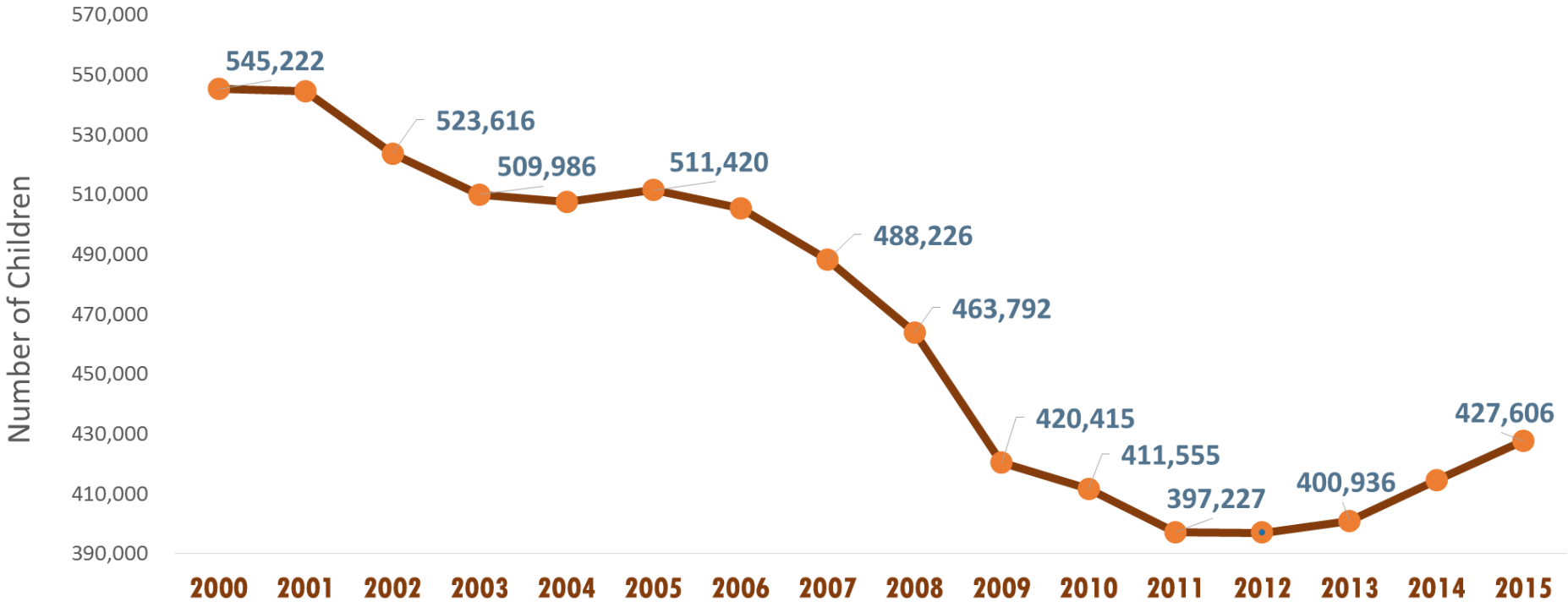
Drugs of the Decades

8.3 million children

Determining how parental SUDs affect family safety, permanency, well-being is a key task

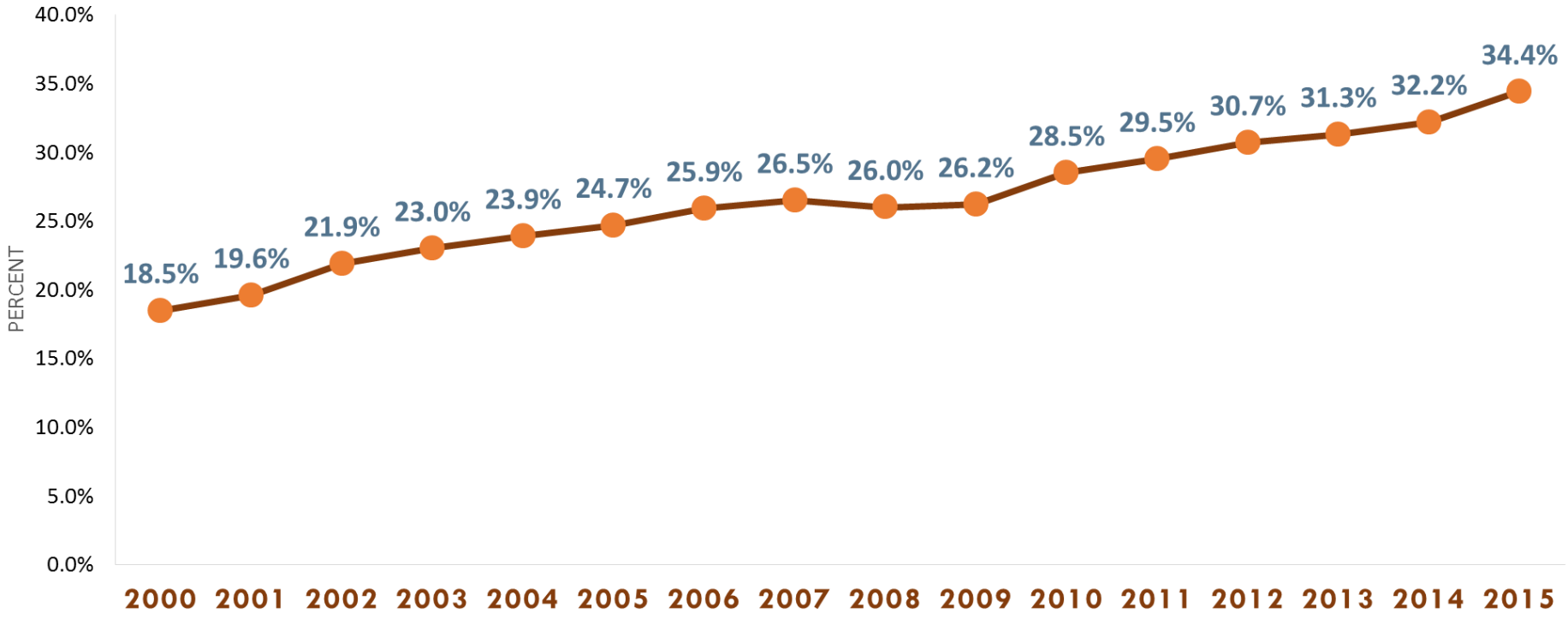
2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)

Number of Children in Out of Home Care, United States 2000-2015



Source: AFCARS Reports, 2000-2015. Retrieved from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/afcars

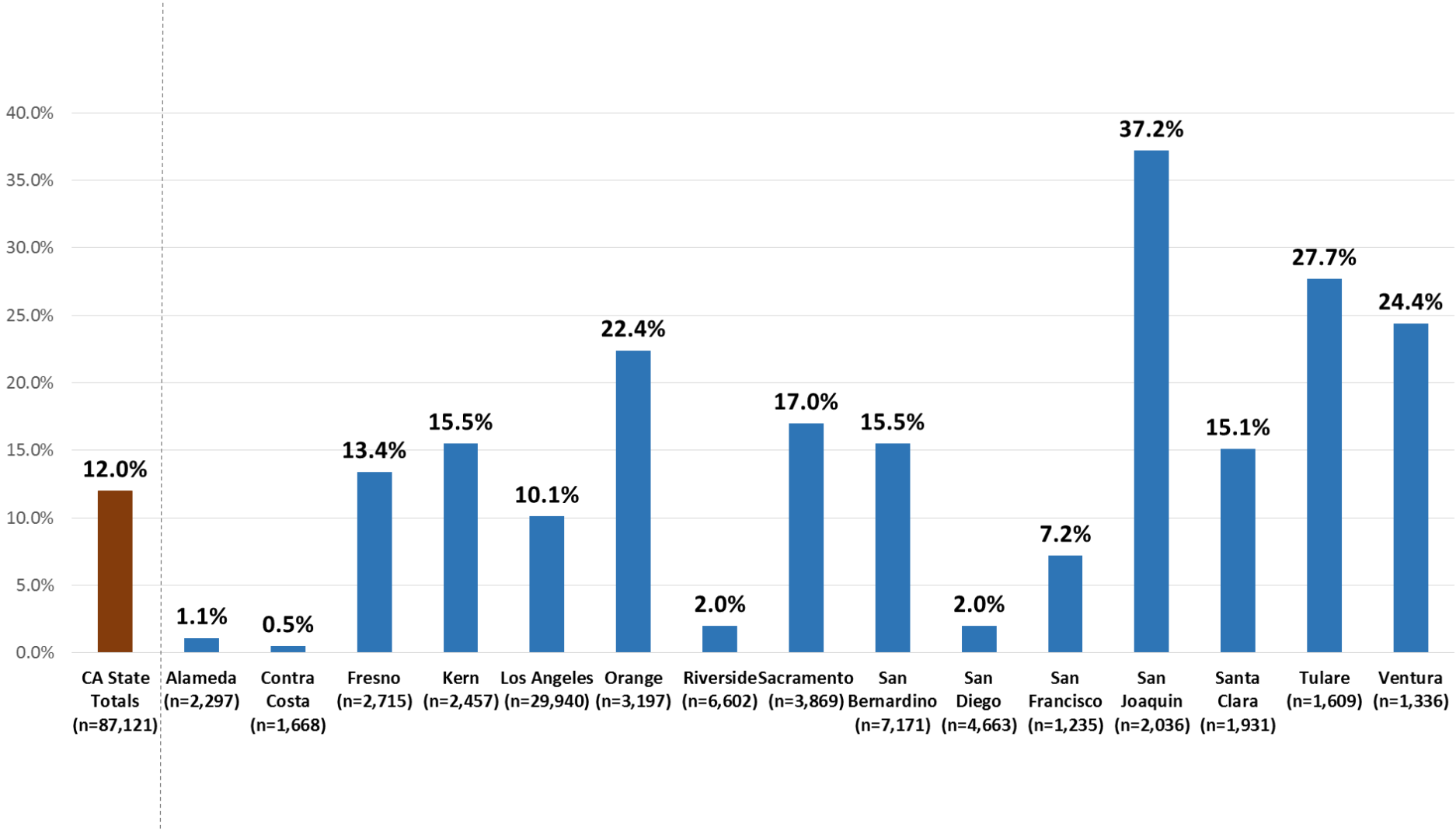
Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal, United States 2000 to 2015



*Note: Estimates based on **all children in out of home care at some point** during Fiscal Year*

Source: AFCARS Data, 2000-2015

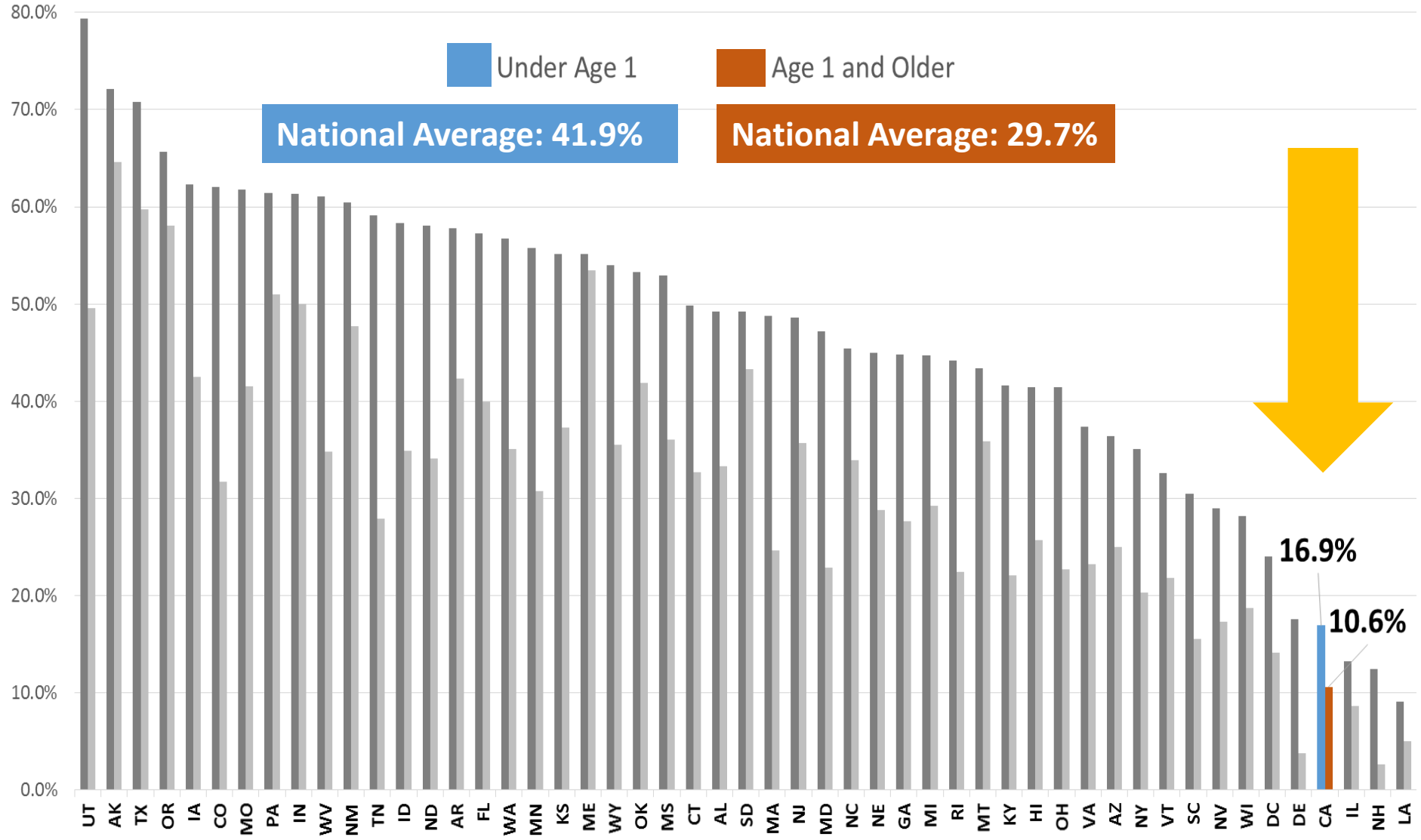
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Removal: California and Major Counties, 2015



*Note: Estimates based on **all children in out of home care at some point** during Fiscal Year*

Source: AFCARS Data, 2015

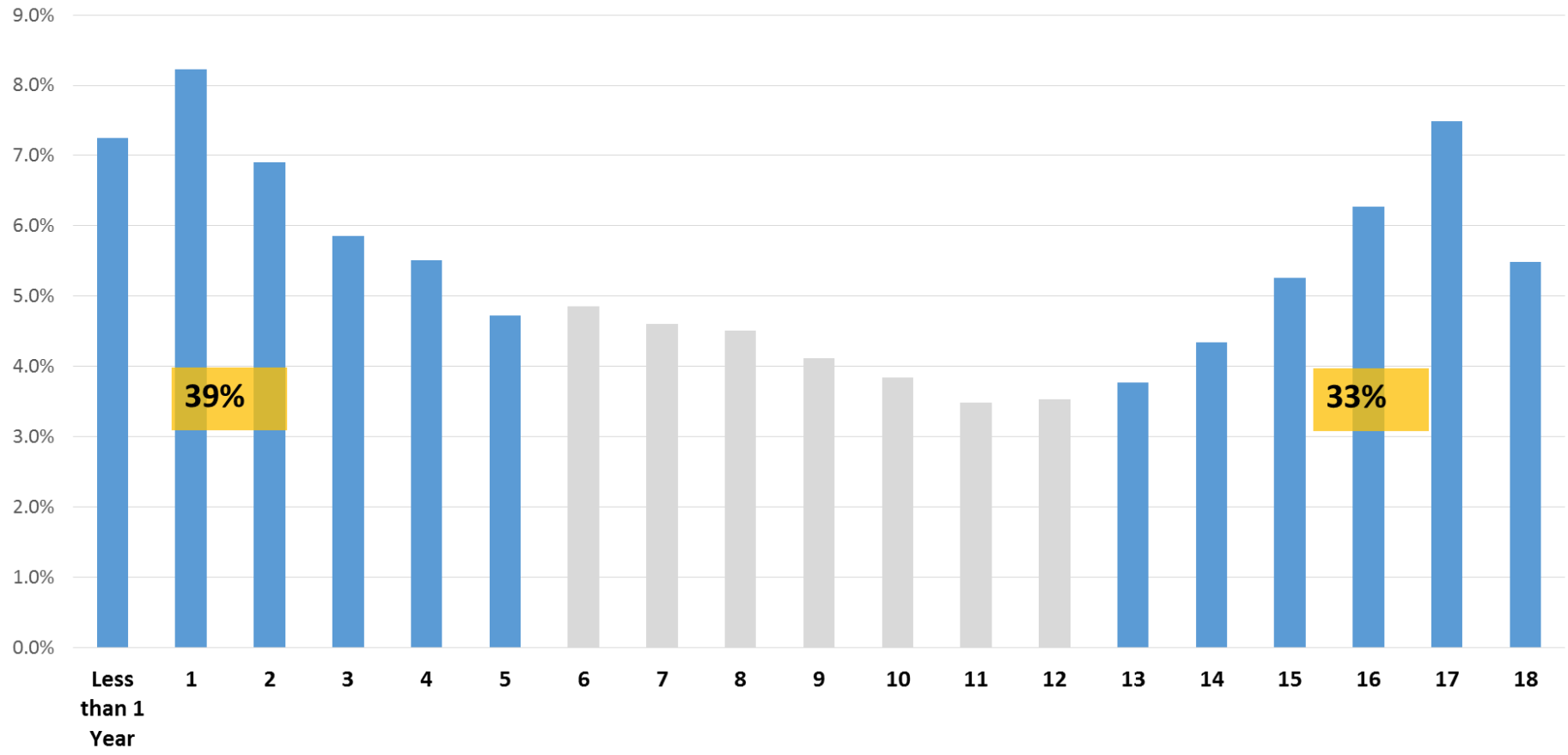
Percent of Children Removed with Parental AOD as a Reason for Removal by Age, 2015



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2015

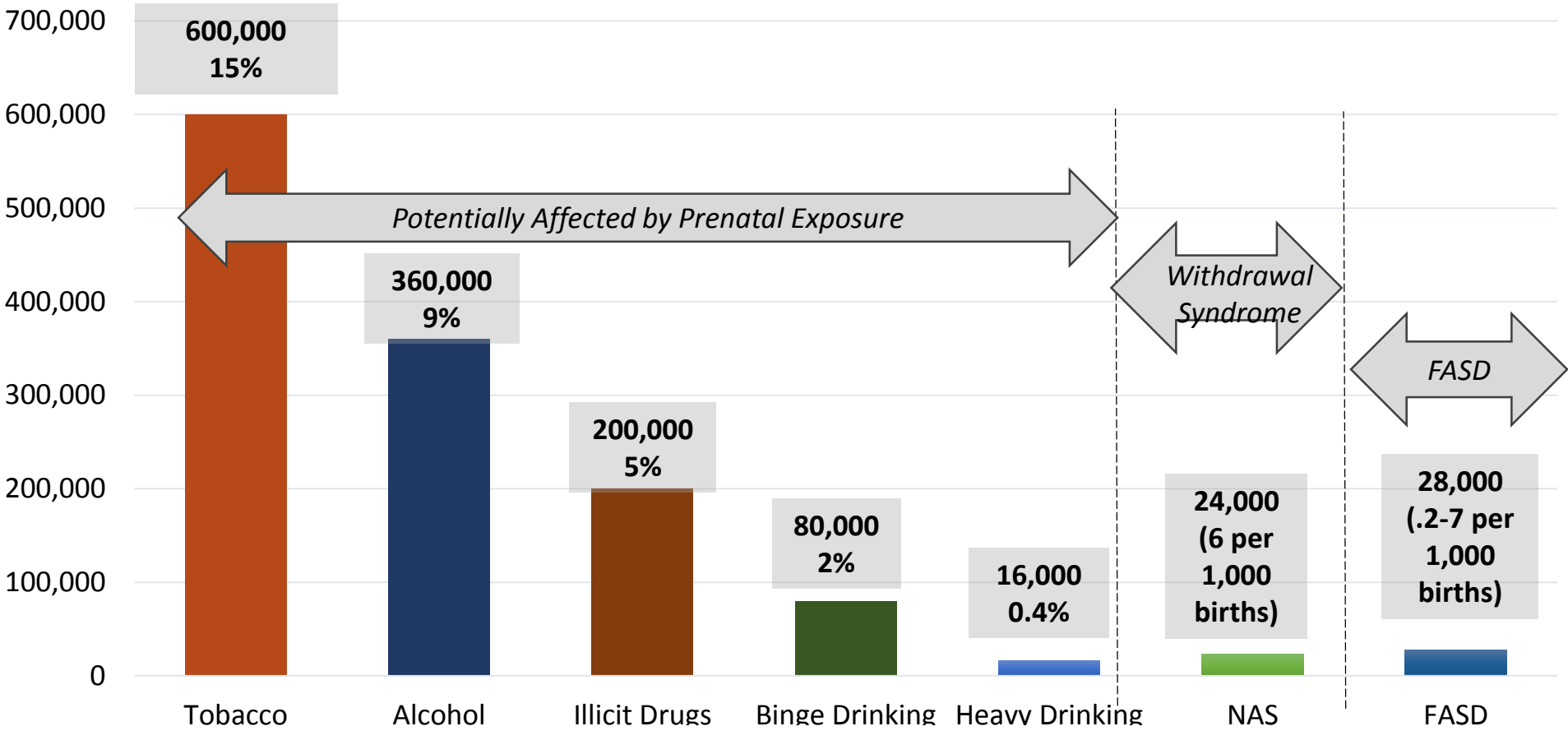
Age of Children in Foster Care: California, 2015
N=55,983



*Note: Estimates based on **all children in out of home care at some point** during Fiscal Year*

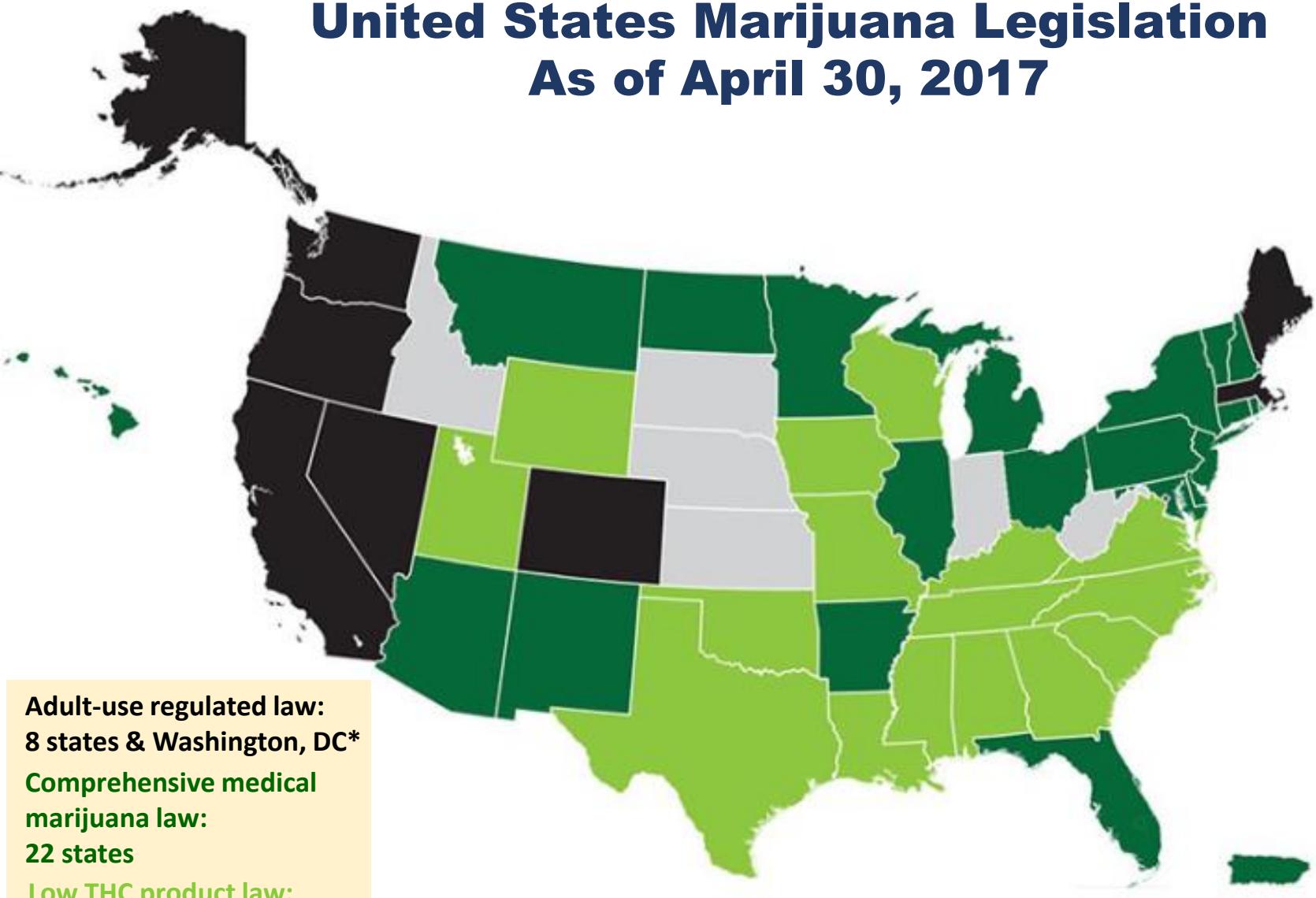
Source: AFCARS Data, 2015

Estimated Number of Infants* Affected by Prenatal Exposure, by Type of Substance and Infant Disorder



*Approximately 4 million (3,932,181) live births in 2013; National Vital Statistics Report, Vol. 64, No. 1 http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf
Estimates based on: National Survey on Drug Use and Health, 2013;
http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf
Patrick, et al., (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. Journal of Perinatology, 35 (8), 667
May, P.A., and Gossage, J.P.(2001).Estimating the prevalence of fetal alcohol syndrome: A summary. Alcohol Research & Health 25(3):159-167. Retrieved October 21, 2012 from http://pubs.niaaa.nih.gov/publications/arh25-3/159-167.htm

United States Marijuana Legislation
As of April 30, 2017



Adult-use regulated law:
8 states & Washington, DC*

Comprehensive medical marijuana law:
22 states

Low THC product law:
16 states

No marijuana access law:
6 states

*19 states with pending bills

Adapted from: National Conference of State Legislatures: http://www.ncsl.org/bookstore/state-legislatures-magazine/marijuana-deep-dive.aspx

Risks to Children: Medicinal Use and Legalized Recreational Use of Marijuana		
	Medicinal Use	Legalized Recreational Use
Production/Manufacturing		X
Children's Exposure via Ingestion (e.g. Edible Products)	X	X
Prenatal Exposure	X	X
Parenting Capacity		X

Annual Rate of Exposure Among Children Under 6 Years

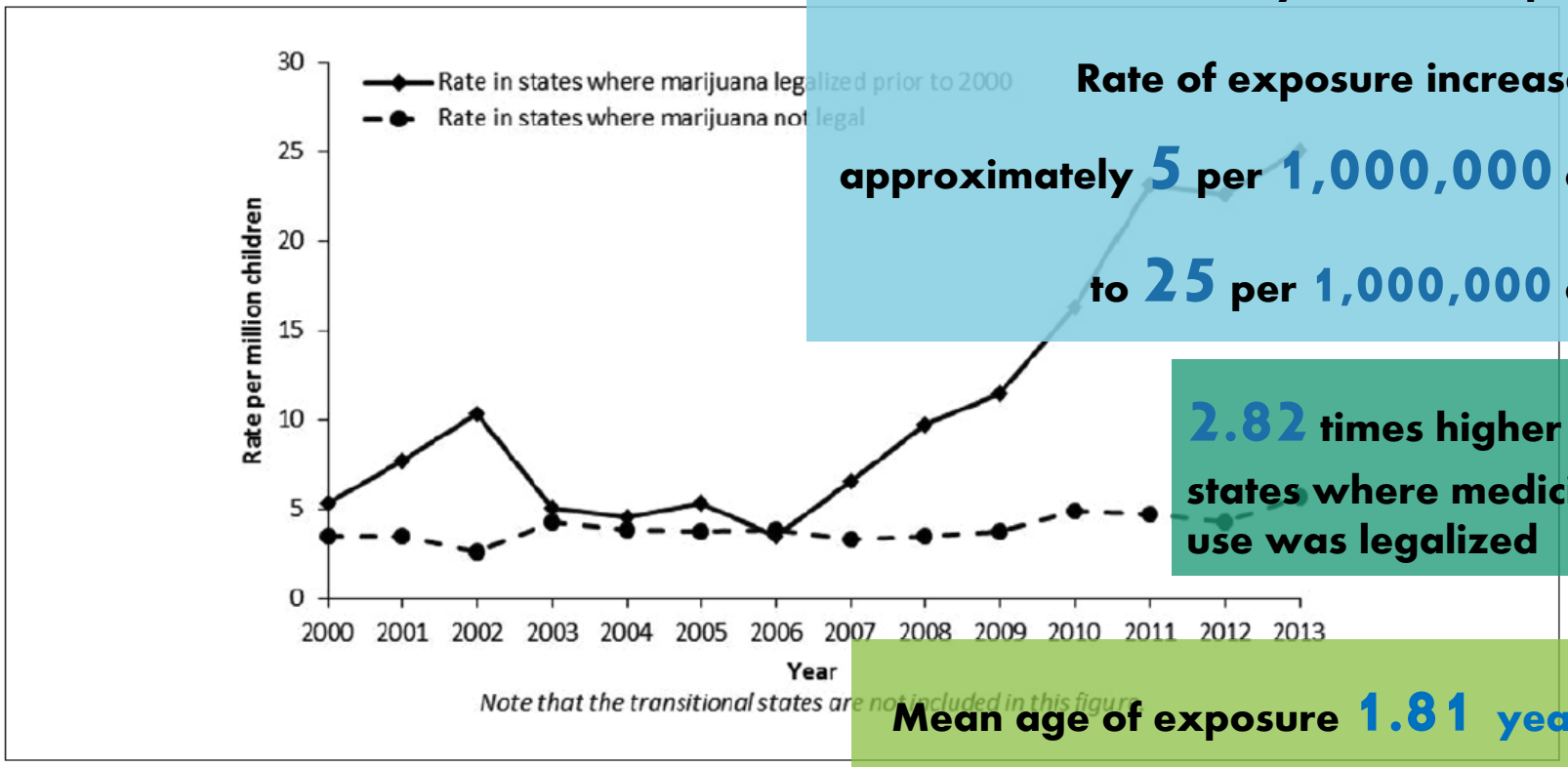


Figure 2. Annual rate of marijuana exposures among children younger than 6 years by marijuana legalization status of state (National Poison Data System 2000-2013).

1,969 children under age **6** reported to the National Poison Data System for exposure

Rate of exposure increased from approximately **5** per **1,000,000** children to **25** per **1,000,000** children

2.82 times higher in states where medicinal use was legalized

Mean age of exposure **1.81** years

77.7% of children were under **3** years of age

Source: Onders, B., Casavant, M. J., Spiller, H. A., Chounthirath, T., & Smith, G. A. (2015)

Neonatal Abstinence Syndrome

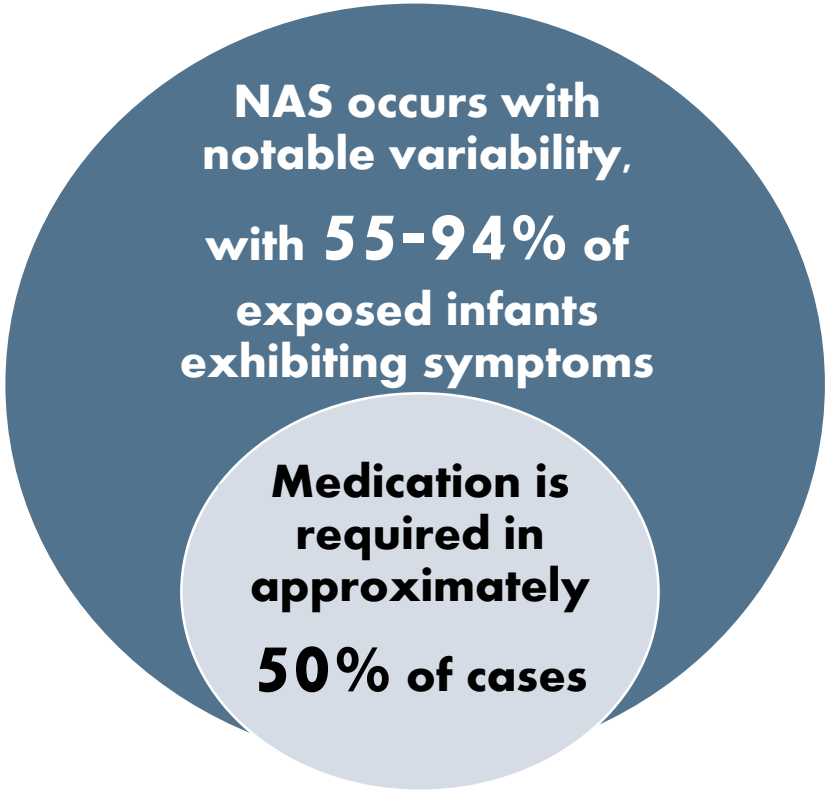
An expected and **treatable condition** that follows prenatal exposure to opioids

Symptoms begin within 1-3 days after birth, or may take 5-10 days to appear and include:

- Blotchy skin; difficulty with sleeping and eating; trembling, irritability and difficult to soothe; diarrhea; slow weight gain; sweating; hyperactive reflexes; increased muscle tone

Timing of onset is related to characteristics of drug used by mother and time of last dose

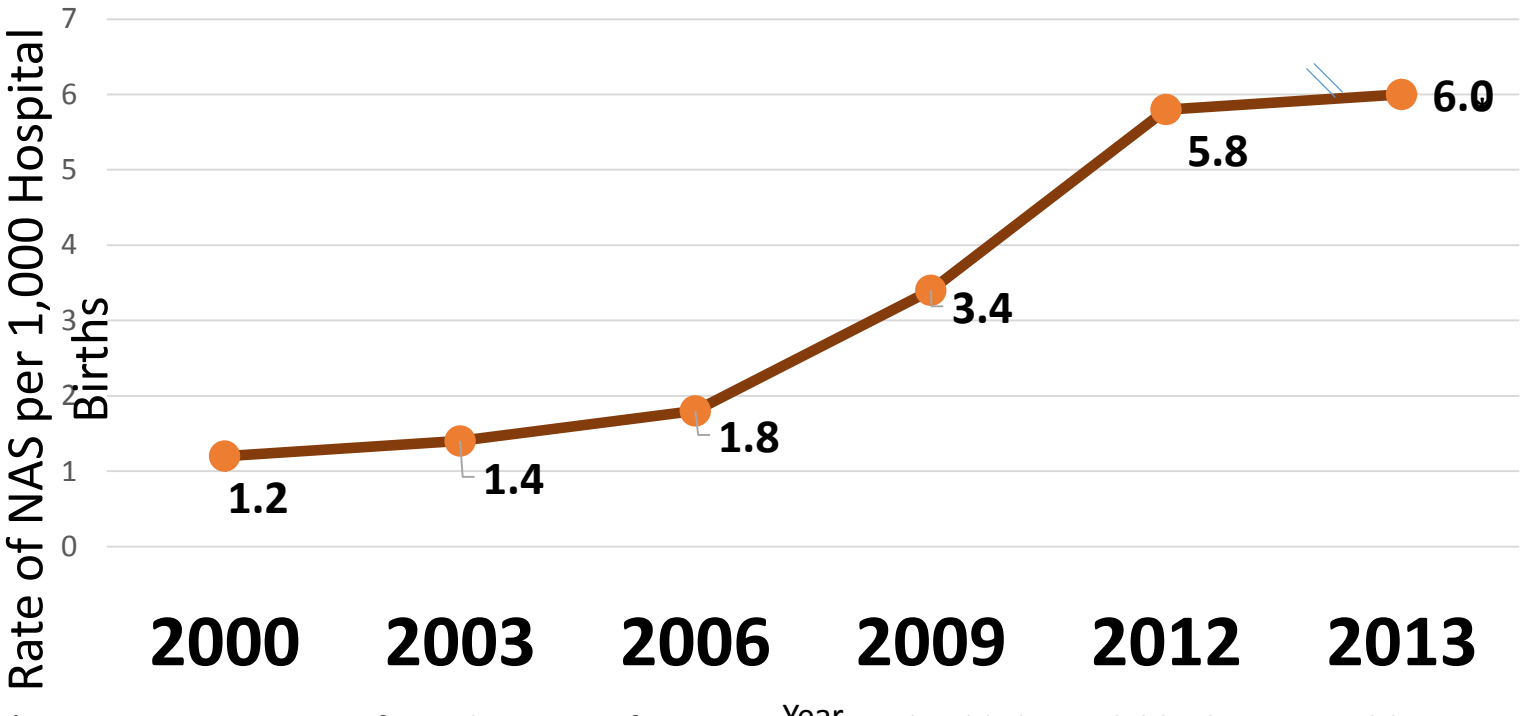
Most opioid exposed babies are exposed to multiple substances



The American College of Obstetricians and Gynecologists. (2012) Committee Opinion No. 524: Opioid Abuse, Dependence, and Addiction in Pregnancy. Obstetrics & Gynecology, 119(5), 1070-1076; U.S. National Library of Medicine, National Institutes of Health. Neonatal Abstinence Syndrome. Retrieved from http://www.nlm.nih.gov/medlineplus/ency/article/007313.htm on July 24, 2014
Hudak, M.L., Tan, R.C. The Committee on Drugs and the Committee on Fetus and Newborn. Neonatal Drug Withdrawal. Pediatrics. 2012, 129(2): e540; Jansson, L.M., Velez, M., Harrow, C. The Opioid Exposed Newborn: Assessment and Pharmacological Management. Journal of Opioid Management. 2009; 5(1):47-55

Rate of Neonatal Abstinence Syndrome Over Time

From Medicaid data, the mean length of stay for infants with NAS was 16.4 days at an average cost of $53,000



*2013 Data in 28 States from the Center for Disease Control publicly available data in Health Care and in 28 states

Source: Patrick, S. W., et al. (2012). Neonatal abstinence syndrome and associated healthcare expenditures – United States, 2000-2009. JAMA, 307(18), 1934-40

Patrick, S. W., et al. (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009-2019. J Perinatol, 35(8), 650-655

Ko, M. Y., Patrick, S. W., Tong, V. T., Patel, R., Lind, J. N., & Barfield, W. D. (2016). Incidence of Neonatal Abstinence Syndrome – 28 States, 1999-2013. MMWR Morb Mortal Wkly Rep 2016; 65:799-802

Neonatal Abstinence Syndrome: Treatment

Non-Pharmacological Treatment

- Swaddling
- Breastfeeding
- Calm, low-stimulus environment
- Rooming with mother

Pharmacological Treatment

- Individualized based on severity of symptoms
- Standardized scoring tool to measure severity of symptoms

  Assessment of risks and benefits

American Academy of Pediatrics, Committee on Drugs (1998). Neonatal Drug Withdrawal. Pediatrics, 101(6), 1079-1088; Hudak, M.L., Tan, R.C. The Committee on Drugs and the Committee on Fetus and Newborn. Neonatal Drug Withdrawal. Pediatrics. 2012, 129(2): e540; Jansson, L.M., Velez, M., Harrow, C. The Opioid Exposed Newborn: Assessment and Pharmacological Management. Journal of Opioid Management. 2009; 5(1):47-55; Jones, H., Kaltenbach, K., Heil, S., Stine, S., Coyle, M., Arria, A., O'Grady, K., Selby, P., Martin, P., Fischer, G. (2010). Neonatal Abstinence Syndrome After Methadone or Buprenorphine Exposure. New England Journal of Medicine, 363(24):2320-2331

Treatment for Opioid Use Disorders in Pregnancy

Standard of care: Medication Assisted Treatment plus counseling

- Methadone or Buprenorphine

Benefits

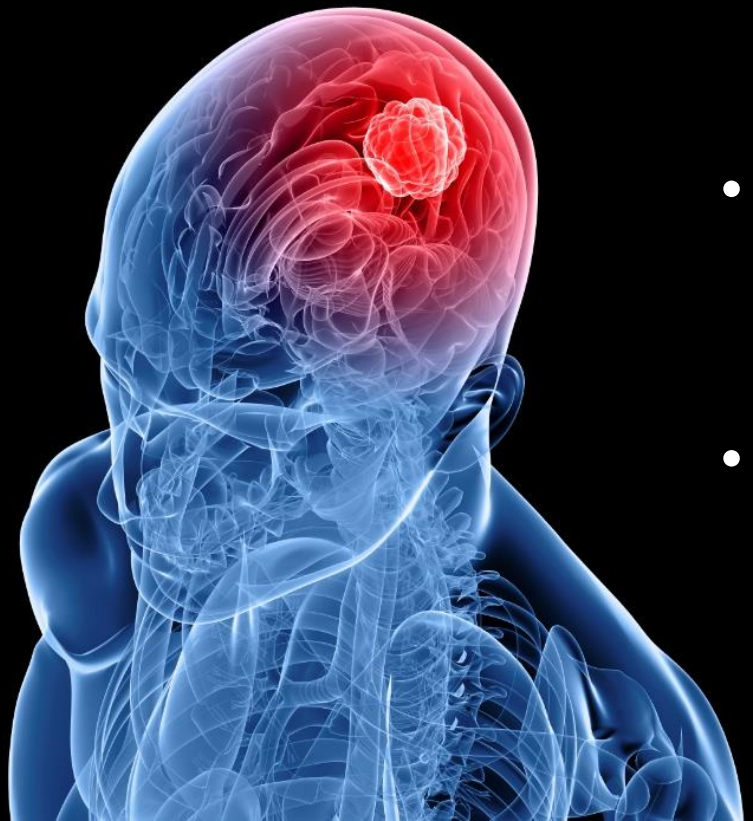
- Stable intrauterine environment (no cyclic withdrawal)
- Increased maternal weight gain
- Increased newborn birth weight and gestational age
- Increase PNC adherence
- Decrease in illicit drug use - reduction of HIV/HCV acquisition
- Decrease risk of overdose
- Other supportive services

(2008). Mental Health Services Administration, SAMHSA. Medication-assisted treatment for opioid addiction in Opioid Treatment Programs. Treatment Improvement Protocol (TIP) 43. DHHS Publication No. 05-4048. 2005 Rockville Maryland

(2012). Dependence, and Addiction in Pregnancy. Committee Opinion No. 524. American College of Obstetricians and Gynecologists. *Obstet Gynecol*, *119*, 1070-6.

American Society of Addiction Medicine, National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (2015)
http://www.asam.org/quality-practice/guidelines-and-consensus-documents/npg

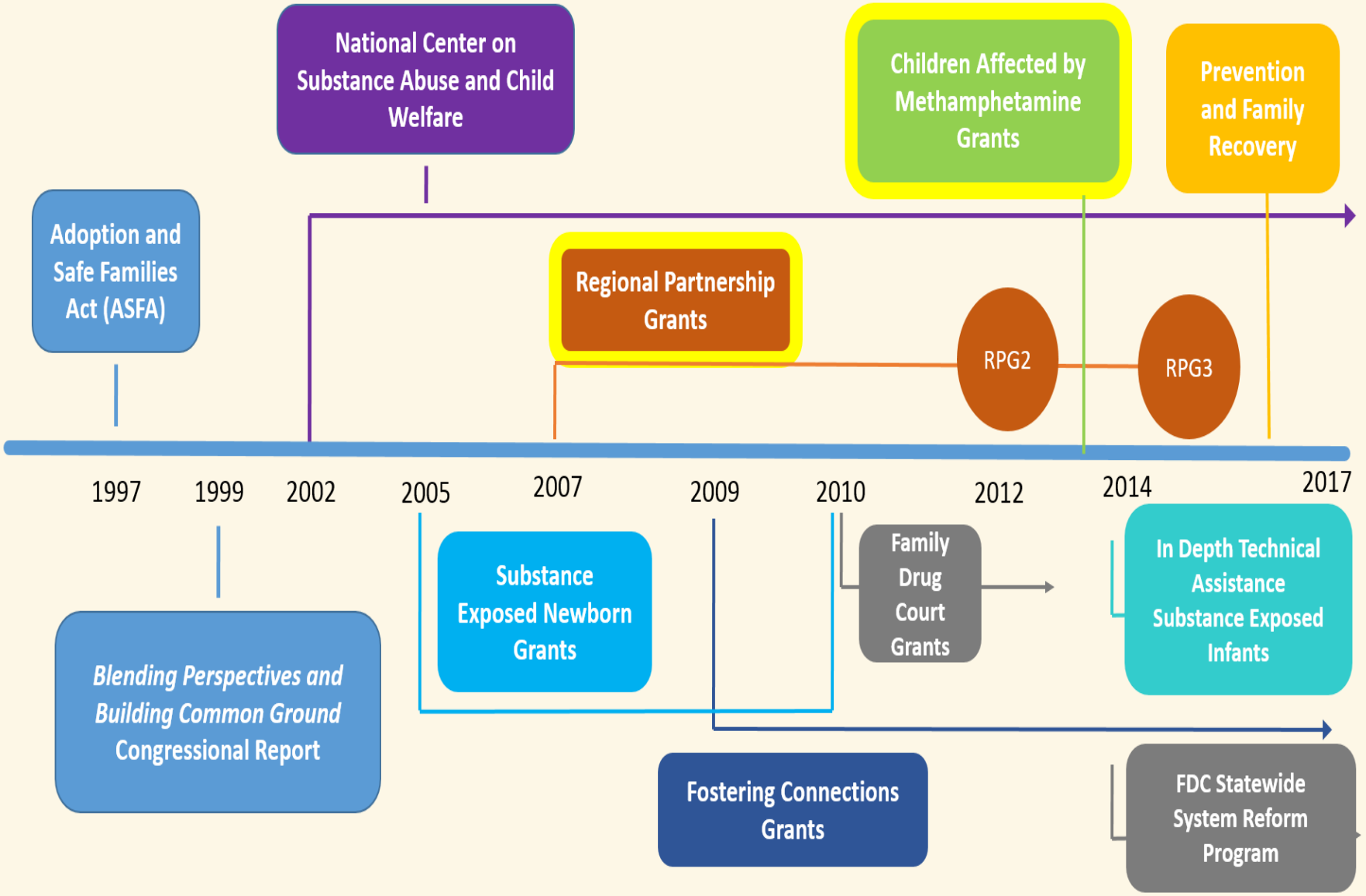
A Chronic, Treatable Disease



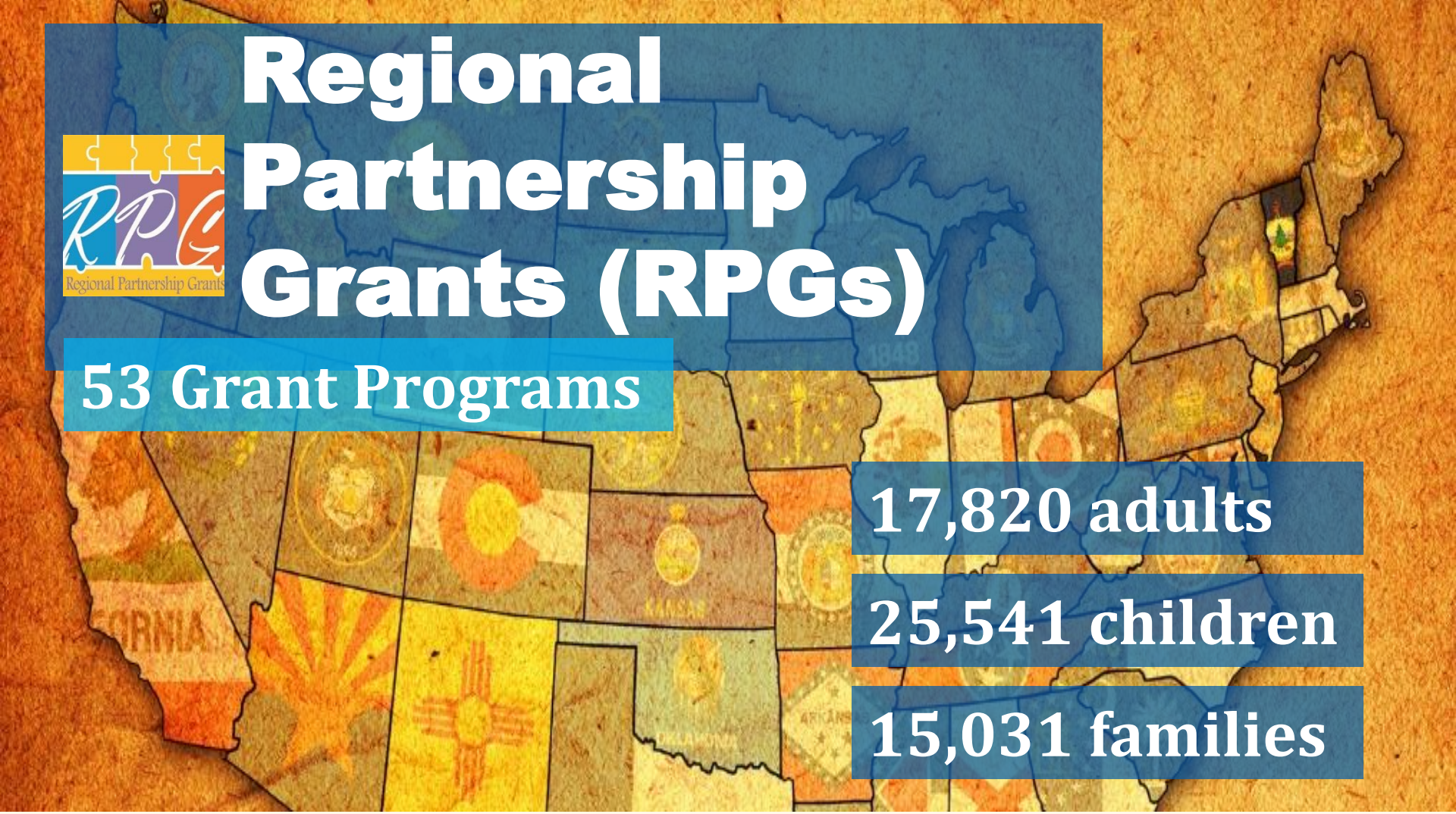
- Substance use disorders are preventable and are treatable brain diseases
- Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives
- Similar to other chronic diseases, addiction can be managed successfully
- Treatment enables people to counteract addiction's powerful disruptive effects on brain and behavior and regain areas of life function

What Works for Families Affected by Substance Use Disorders and Child Abuse or Neglect

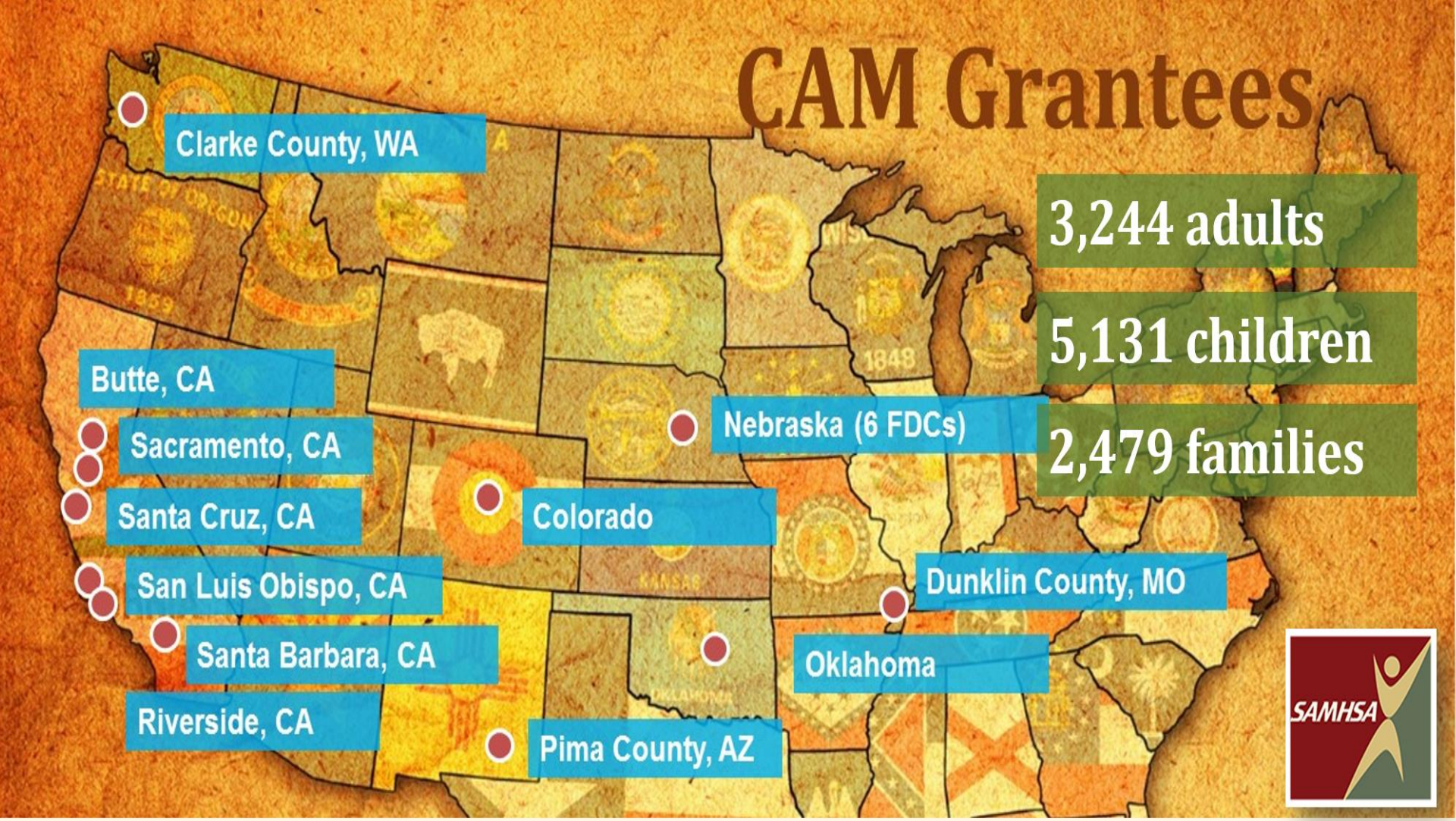
Federal Initiatives: Progress Since the Adoption and Safe Families Act (ASFA)



Source: Children and Family Futures



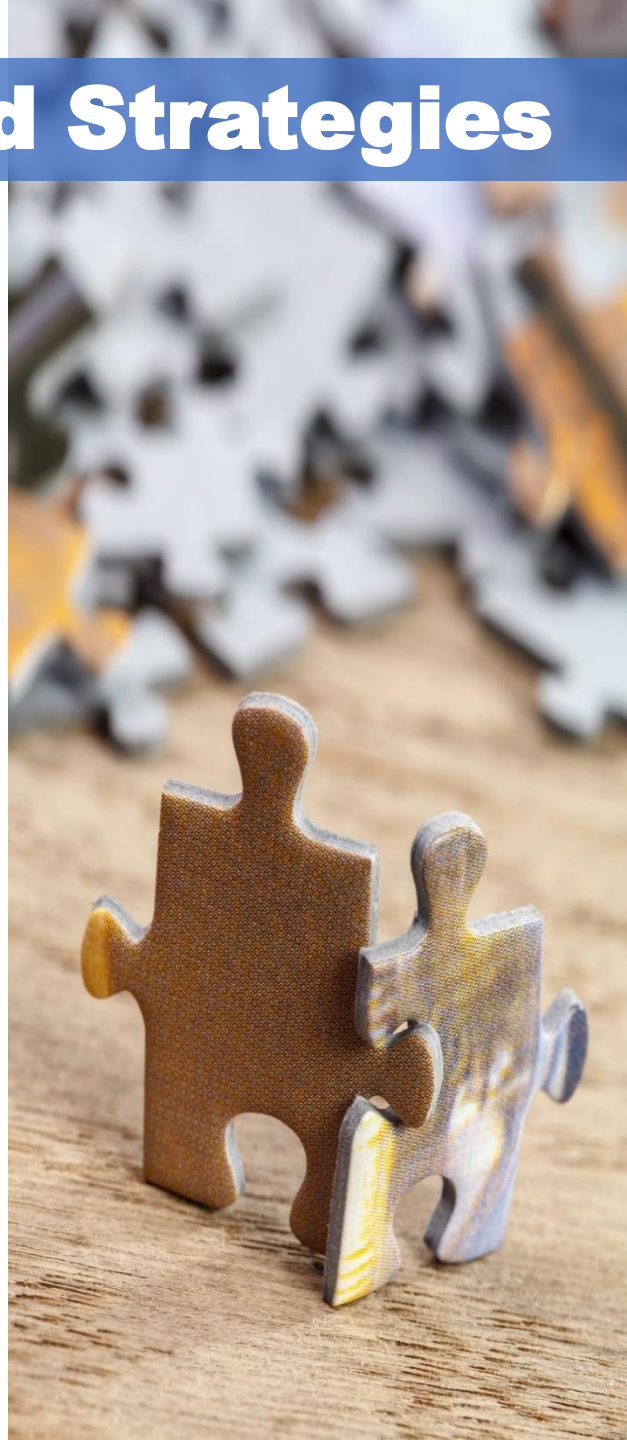
2007 Regional Partnership Grant Program 2012



2010 Children Affected by Methamphetamine Grant 2014

7 Common Ingredients and Strategies

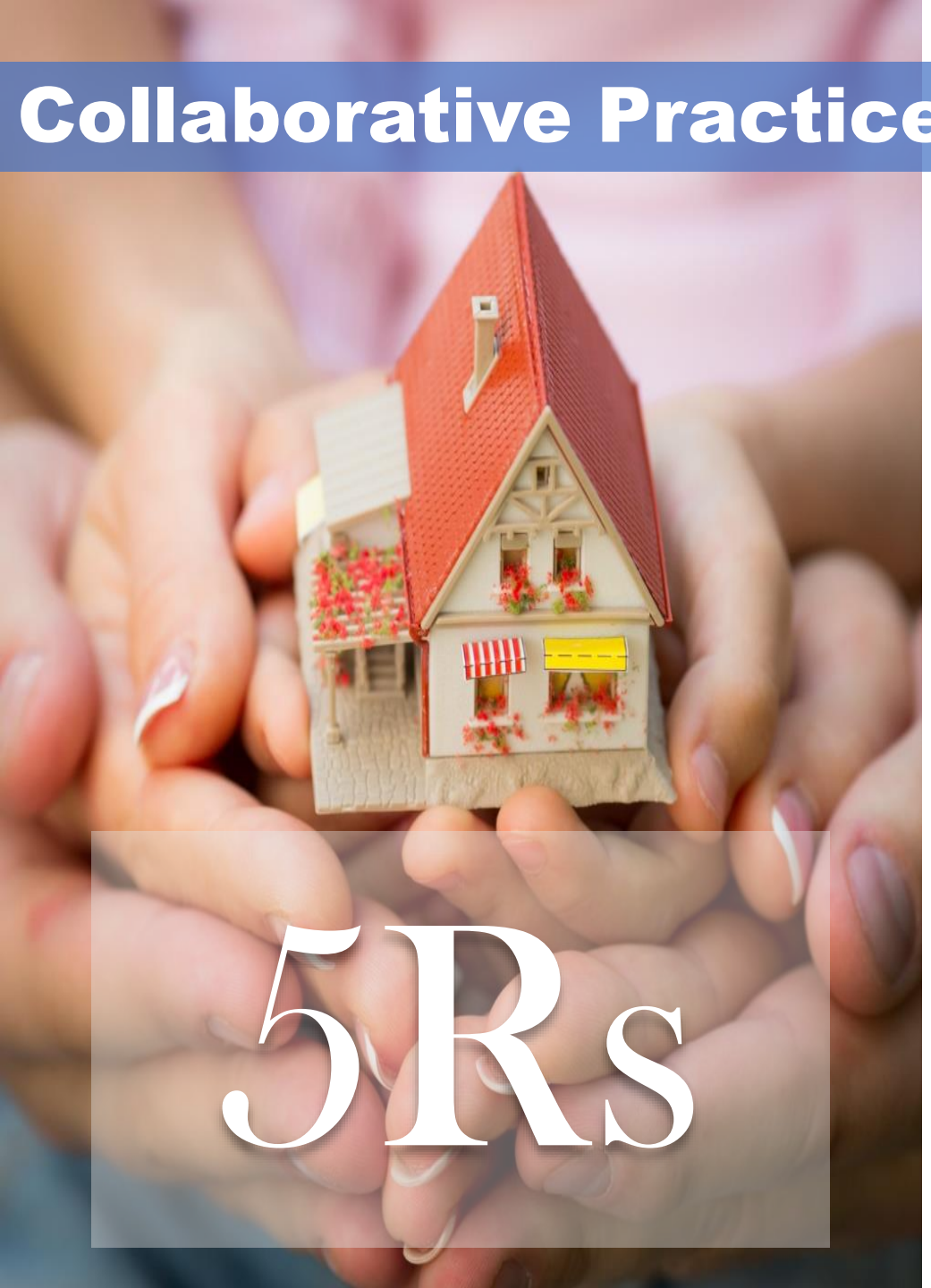
- System of **identifying** families
- Early **access** to assessment and treatment services
- Improved **family-centered** and two generation **parent-child** services
- Improved management of **recovery services** and **compliance**
- Responses to participant **behavior**
  - implementing contingency management



7 Common Ingredients and Strateg

- Increased **judicial or administrative** oversight
- **Collaborative approach** across systems
  - Improved information sharing protocols
  - Collaborative governance
  - Cross-training of staff
  - Inclusion of services from other child-and family-serving agencies: child development, maternal and child health, hospitals, parent-child therapy, and home visiting

Collaborative Practice and Policy



5Rs

Recovery

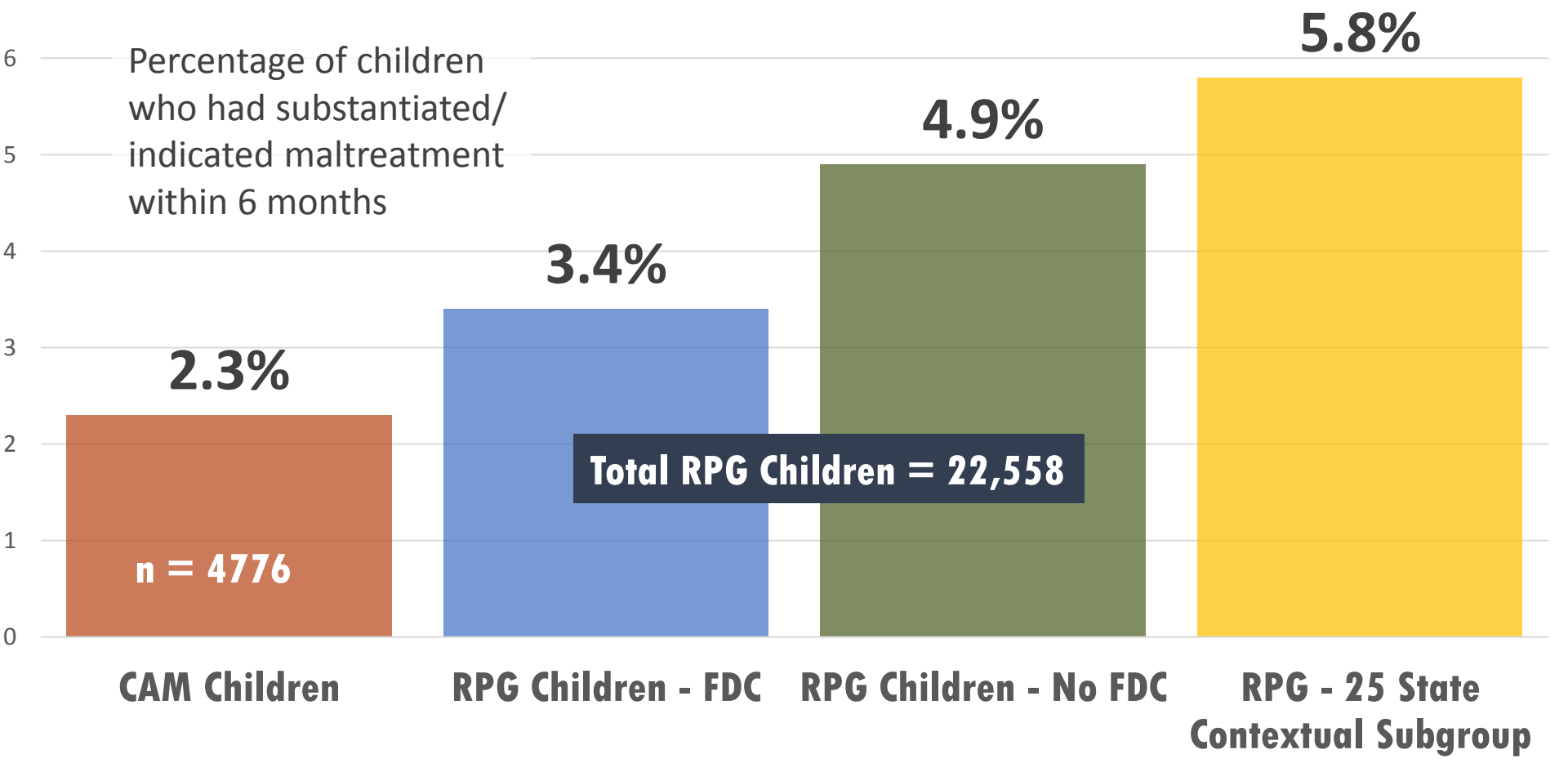
Remain at home

Reunification

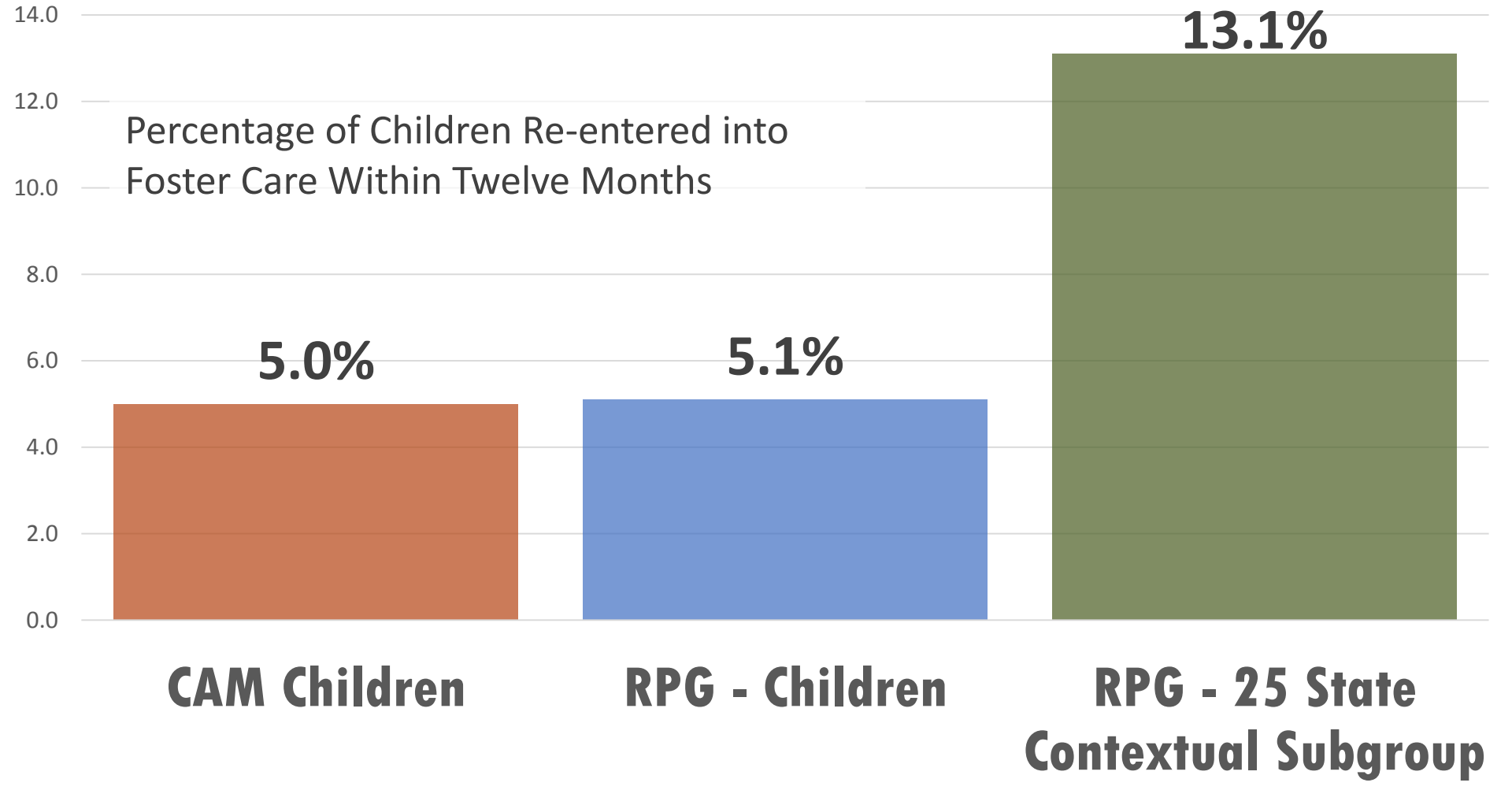
Re-occurrence

Re-entry

Re-occurrence of Child Maltreatment



Re-entry – Foster Care within 12 Months



Here's What We Know

- Child Welfare cannot solve this problem from within child welfare.
- Substance use and child maltreatment are multi-generational problems that can only be addressed through a cross-system collaborative approach.
- Treatment must be family-centered and focus on both parents' and children's needs.

Building bridges to Family Well-Being

Key Lessons Learned in Collaborative Practice: *It's Complicated*

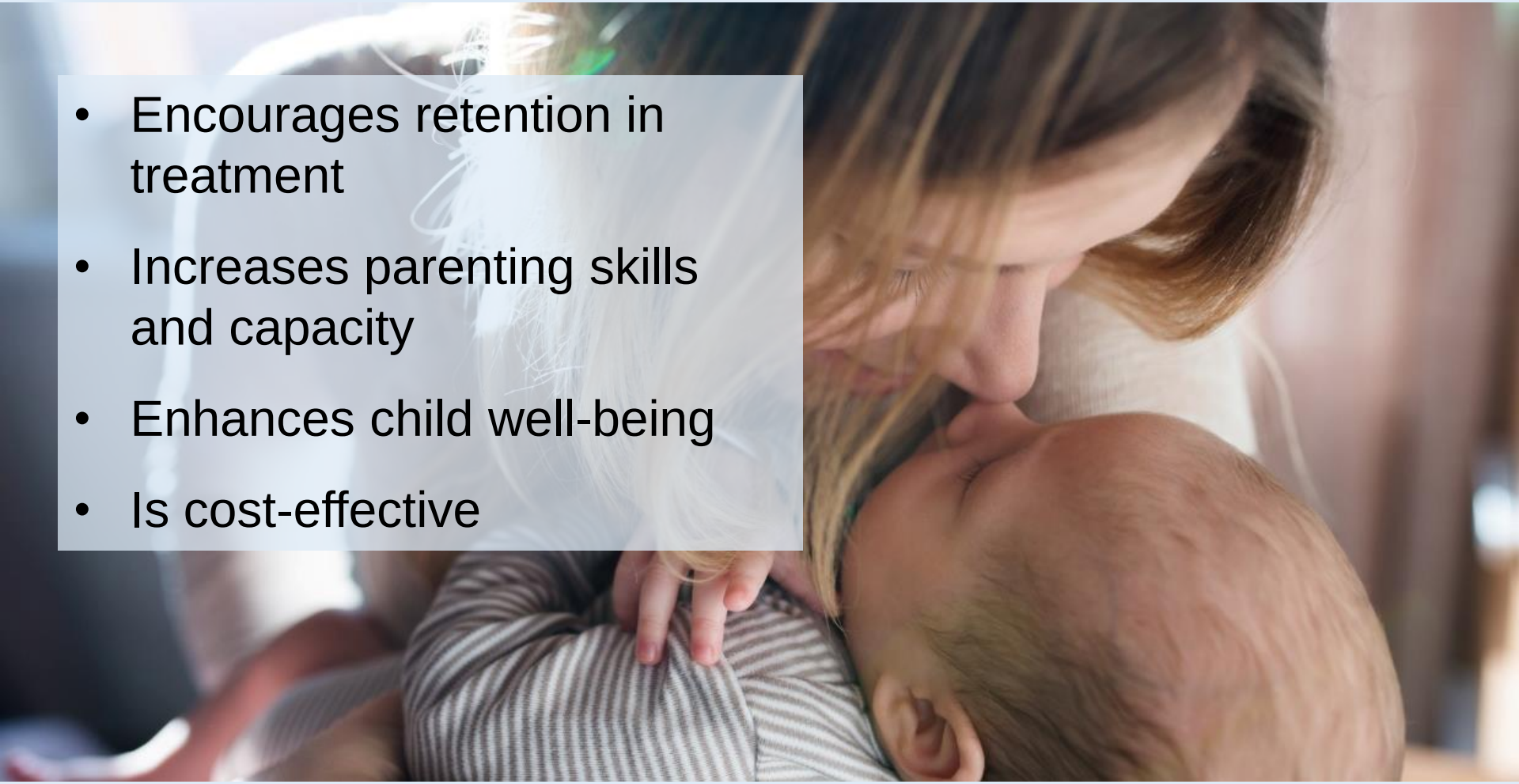
- Requires the collaborative effort of multiple health and human service arenas
- Often, there are many already existing but separate initiatives
- Each system has a different set of mandates and target population
- Underlying differences: Systemic and Individual Level
  - Stigma
  - Personal values and experiences
  - Different approaches: Rehabilitative and Punitive

Key Lessons Learned in Collaborative Practice: *What do the data say?*

We can't coordinate or fix what we can't count.

- Number of infants with prenatal exposure
- Number of infants for whom notification to CPS is made
- Number of infants and parents with Plan of Safe Care, treatment admission and retention
- Number of child welfare cases affected by parental substance use disorders

Key Lessons Learned in Collaborative Practice: *Treatment that Supports Families*



- Encourages retention in treatment
- Increases parenting skills and capacity
- Enhances child well-being
- Is cost-effective

Werner, D., Young, N. K., Dennis, K., & Amatetti, S. (2007). Family-centered treatment for women with substance use disorders: History, key elements and challenges. *Substance Abuse and Mental Health Services Administration Department of Health and Human Services*.

Family Centered Treatment is not Residential Treatment & Family Recovery is not Treatment Completion

Parent Recovery

- Parenting skills and competencies
- Family connections and resources
- Parental mental health
- Medication management
- Parental substance use
- Domestic violence

Child Well-being

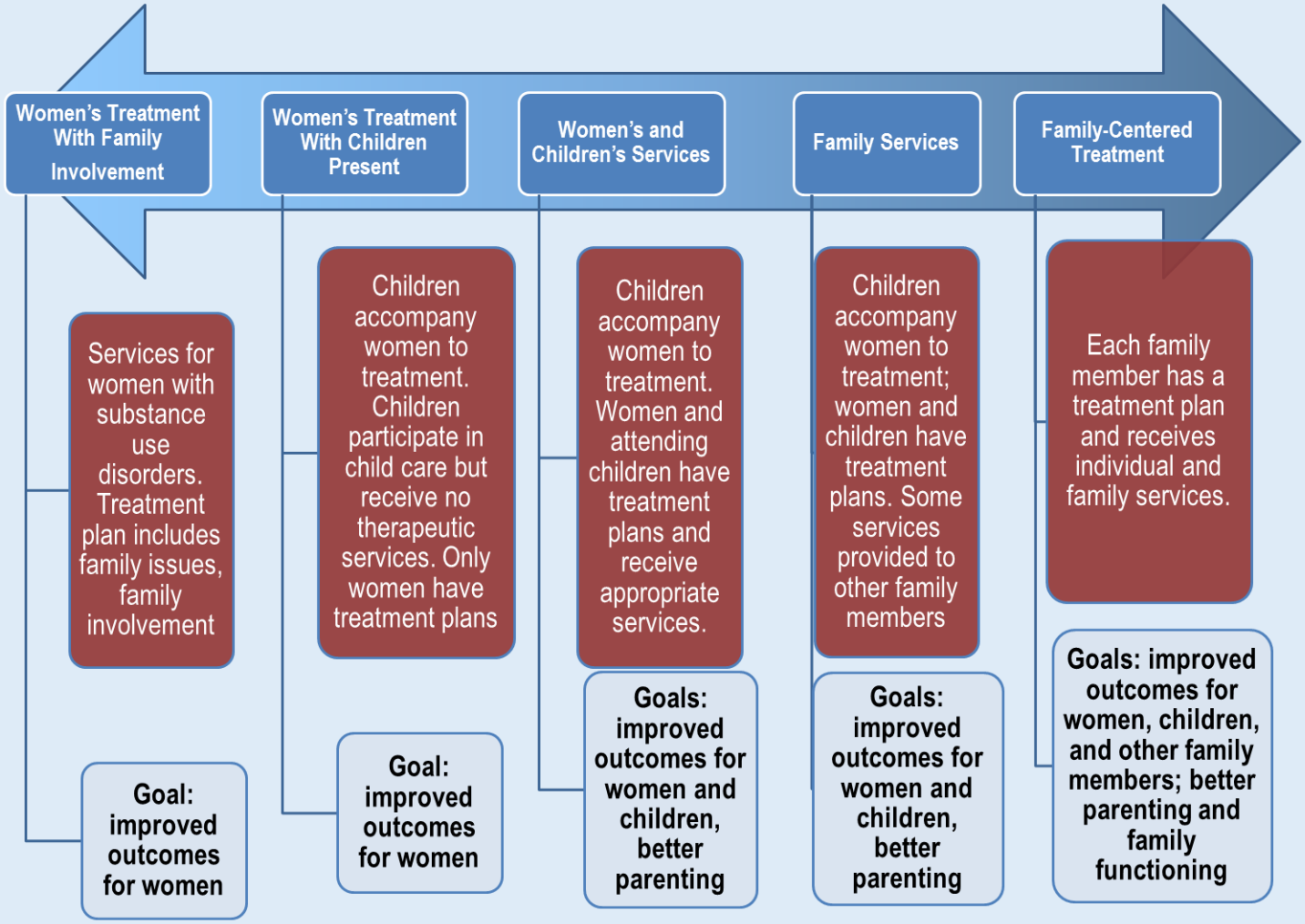
- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance abuse
- At-risk youth prevention

Family Recovery and Well-being

- Basic necessities
- Employment
- Housing
- Child care
- Transportation
- Family counseling
- Specialized Parenting

Family Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges
» http://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

Continuum of Family-Based Services



Werner, D., Young, N. K., Dennis, K., & Amatetti, S. (2007). Family-centered treatment for women with substance use disorders: History, key elements and challenges. *Substance Abuse and Mental Health Services Administration Department of Health and Human Services*.


Where do we go
from here?

2016 Primary Changes in CAPTA

- Further clarified population to infants "born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder," specifically removing "illegal"
- Required Plan of Safe Care to include needs of both infant and family or caregiver
- Specified data to be reported by States
- Specified increased monitoring and oversight for States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services

CAPTA: State Policy Implications

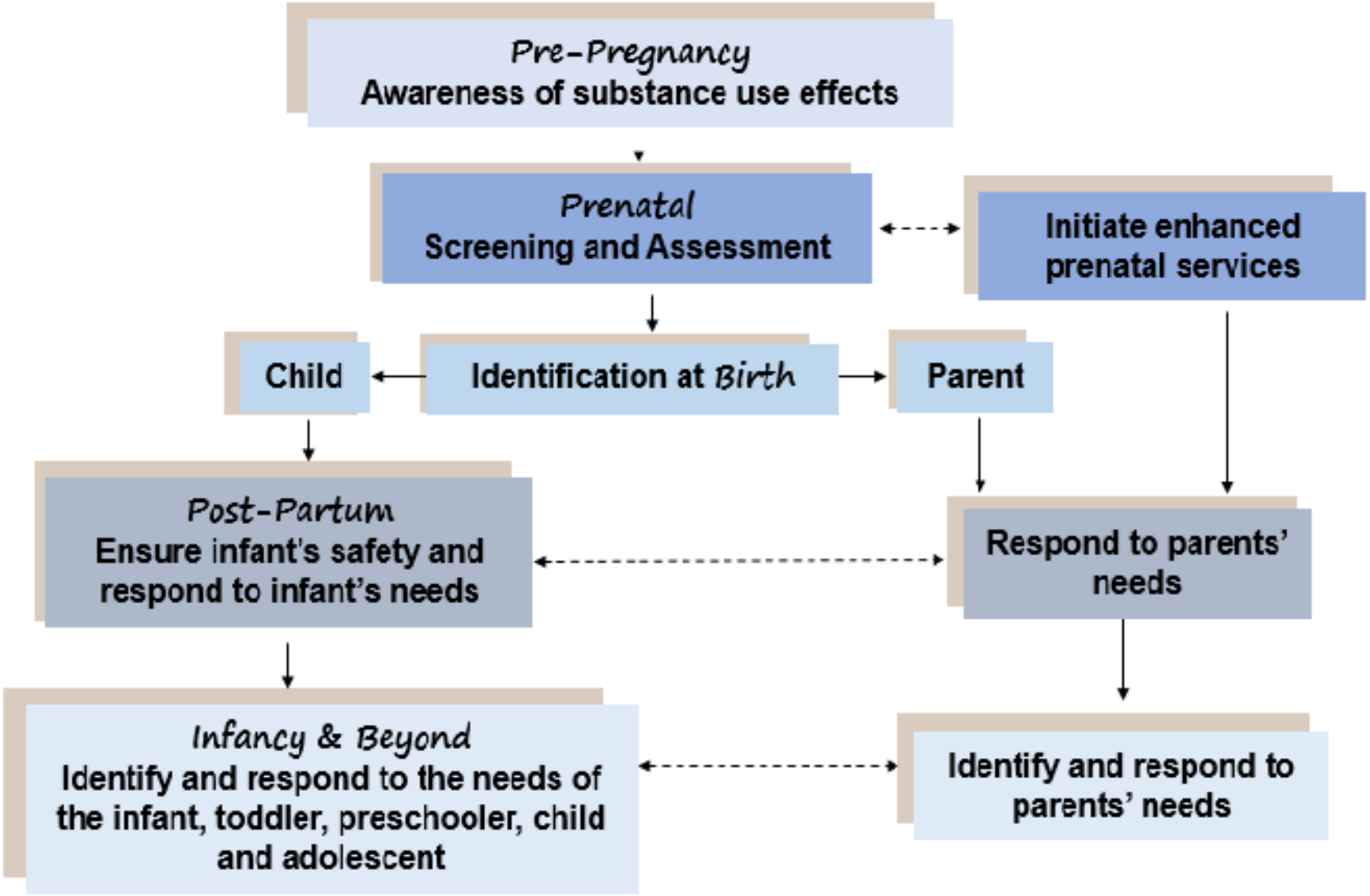
Development of a state-level collaborative body to enforce or develop and oversee related laws and policies (e.g. child abuse/neglect statutes on prenatal substance exposure)

Defining the population of infants: affected by substance abuse, withdrawal symptoms or fetal alcohol spectrum disorder

Determining populations of families and the appropriate organization to implement and oversee the Plan of Safe Care

Strengthening of state data systems to meet the reporting requirements

Policy and Practice Framework: 5 Points of Intervention



SAMHSA, *Substance Exposed Infants: State Responses to the Problem,* 2009

Practice and Policy Issues

- Identification: Only a handful of states have **standardized screening tools** used to detect parental substance use during investigations of child abuse and neglect.
- Collection: The current data system **does not** require collection of parental substance use as factor in child removals.
- **Variation** in data systems: NCANDS, AFCARS, SACWIS

CA Drug Medi-Cal Organized Delivery System Waiver (DMC-ODS)

- Expands reimbursable services beyond outpatient, intensive outpatient and opioid treatment to support a more comprehensive continuum of care based on the American Society of Addiction Medicine (ASAM) criteria
- All Medi-Cal beneficiaries living in counties that opt-in
- Previously eligible Medical-beneficiaries (250% of poverty level)
- Medi-Cal expansion population (138% of poverty level)
- Services must be determined medically necessary by qualified physician

http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx

Services Available Under DMC-ODS

Service	Youth	Adults
Outpatient	☑	☑
Intensive Outpatient	☑	☑
Short-Term Residential (90 days)	☑	☑
Withdrawal Management	N/A	☑
Opioid Treatment Programs	N/A	☑
Case Management	☑	☑
Recovery Support	☑	☑
Physician Consultations	☑	☑

Information on services for pregnant women is not available at this time.

http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx

A Policy Portfolio: Six Opportunities for Impact on Child Welfare Outcomes in Families affected by Parental and Prenatal Drug Exposure

1) Drug Medi-Cal funding for expanded evidence-based family treatment drawing on lessons of successful programs

2) Implementation of Plans of Safe Care under CAPTA for prenatally exposed infants

3) Revision of CWS/CMS to include upgraded Parental Substance Abuse screening data: “make it yellow”

Putting the Pieces Together

4) Establish clear policy for in-home services for substance-affected children and families, including Home Visiting $

5) Focus marijuana revenues and Cures/opioid funding on evidence-based family prevention and treatment

6) Expand family treatment courts and/or infuse FTC principles in child welfare-treatment-court collaboration

Putting the Pieces Together

Moving Forward: The Three Rs of Collaboration

Relationships: Developing Your Governance Structure

Results: Identifying Data for Effective Planning

Resources: Identifying and Implementing Key Strategies

We can no longer say, “We don’t know what to do.”

NCSACW Online Tutorials

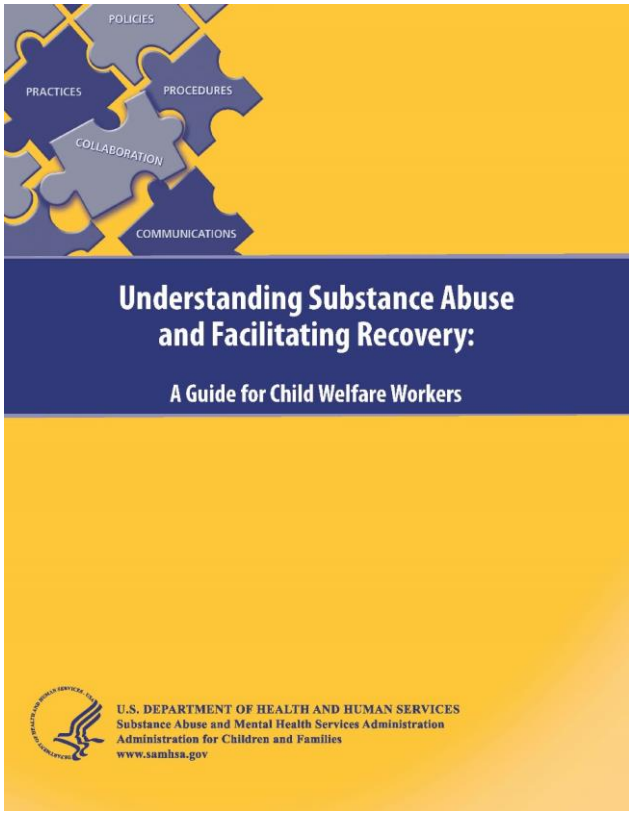
Free CEUs!

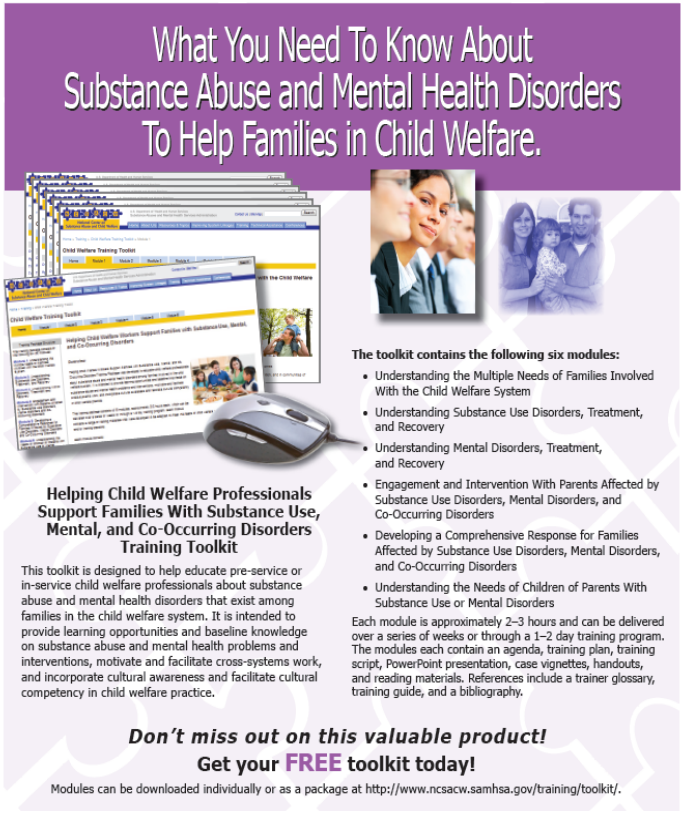
1. Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
2. Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Updated September 2015: New content including updates on opioids and Family Drug Courts!

https://ncsacw.samhsa.gov/training/default.aspx

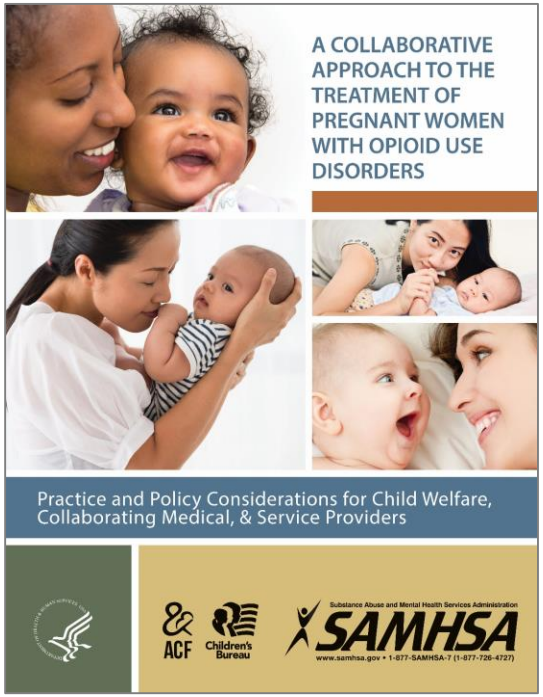
Additional Training Resources



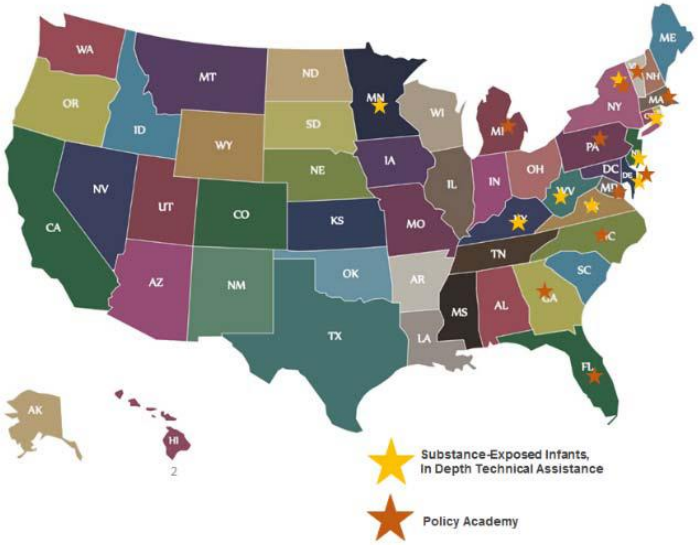


https://ncsacw.samhsa.gov/training/default.aspx

Resources on Opioids



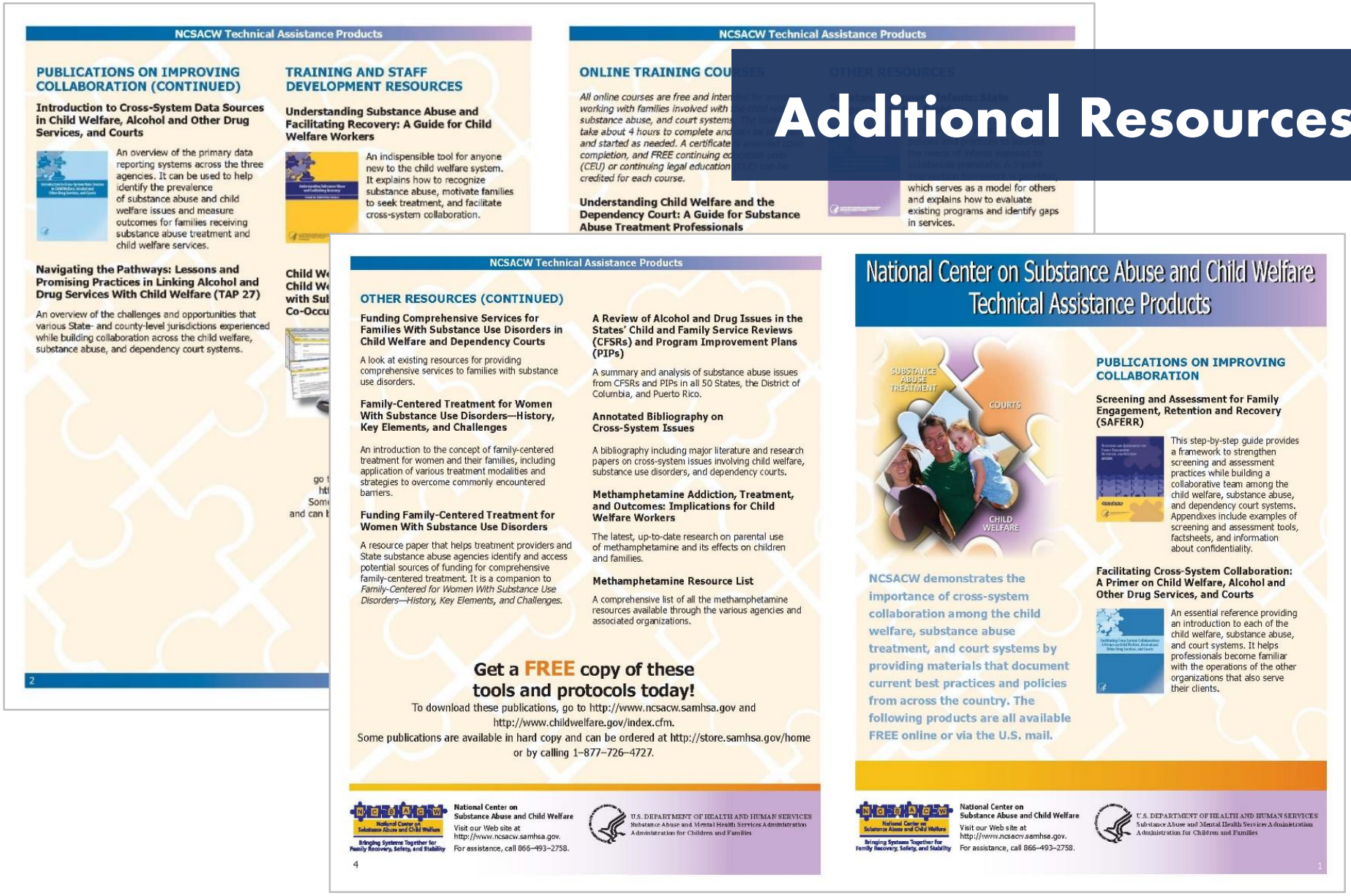
- Guide for Collaborative Planning
- 7 guides to identify collaborative strengths and challenges
- Facilitator's Guide
- Case Study



- Substance Exposed Infants In Depth Technical Assistance: 8 states
- Policy Academy: 10 states

Web-Based Resource Directory

Additional Resources



https://www.ncsacw.samhsa.gov/

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